



Missouri Pharmacy Program – Preferred Drug List



Growth Hormones

Effective 12/05/2007

Revised 07/03/2008

Preferred Agents

Available with Clinical Edits

- Nutropin®
- Nutropin AQ Vial®
- Nutropin AQ Cartridge®
- Norditropin Nordiflex®
- Norditropin Cartridge®
- Genotropin Cartridge®
- Genotropin Pen®
- Saizen Vial®
- Tev-Tropin®
- Omnitrope®

Non-Preferred Agents

Available with Clinical Edits

- Humatrope Cartridge®
- Humatrope Vial®
- Serostim®
- Zorbtive®

Approval Criteria	Denial Criteria
<ul style="list-style-type: none"> • Diagnosis of HIV with cachexia in the last 2 years. <ul style="list-style-type: none"> • Documented baseline body weight • Approval x 2 weeks • At 2 week follow up, no documented weight loss from baseline • Approval x 10 weeks • At 10 week follow up, patient's weight stable • Approval in 12 week increments • For patients > 18 years of age: <ul style="list-style-type: none"> • Renal impairment, or chronic renal disease in last 2 years • History of growth hormone deficiency in last 2 years documented by one of the following: <ul style="list-style-type: none"> ▪ Insulin Tolerance Test (ITT) ▪ GH Stimulation Panel (with arginine, glucagons, propranolol, or levodopa ▪ Serum IGF-I concentration (if ITT contraindicated) ▪ Equivalent Diagnostic Test (subject to clinical review) • History of any of the following in the last 2 years: (subject to clinical review) <ul style="list-style-type: none"> ▪ Prader-Willi Syndrome ▪ Turner Syndrome ▪ Crohns Disease ▪ Cardiomyopathy ▪ Short Bowel Syndrome ▪ Other Medically Accepted Uses • Idiopathic Short Stature • Short Stature Homeobox Gene 	<ul style="list-style-type: none"> • Absence of approval criteria • Evidence of tumor activity or active neoplasm or current chemotherapy • Lack of therapeutic response at any given interval • Lack of performance of diagnostic testing • Drug Prior Authorization Hotline: (800) 392-8030.

<ul style="list-style-type: none"> • Follow up after 1 year may require repeat GH deficiency test within the most recent 6 months – (may be subject to Clinical Consultant Review) • Failure to achieve desired therapeutic outcomes with trial on 2 or more preferred agents • Documented trial period for preferred agents • Documented ADE/ADR to preferred agents • Documented compliance on current therapy regimen 	
---	--